MICU Cheat Sheet

* **Googledrive login**
  + Username: critcarereadings

Password: riker2040

* **Arrival Time**
  + 6-6:30am, may think about getting here earlier depending on if you are post-call.
  + Teams admit overnight, rotating between the 4 teams every night.
* **Daily Patient Workup**
  + ***Paperwork***
    - Print your rounding team’s patient case handouts for reference on rounds (Sign out report then find the 4 MICU teams)
  + ***Current Medications***
    - Route, frequency, dose, time given, how many days given and when to stop.
    - Note trends if on sedatives, pressors, pain control, insulin, etc.
    - Antibiotics/Antivirals/Antifungals
      * Indication?
      * Treatment or Prophylaxis?
        + Appropriate dosing
      * How many doses/ days?
      * End date in mind?
      * New culture results?
      * Narrowing/appropriate coverage?
      * Keep a look out for renal changes, vancomycin, aminoglycosides, and changes to therapy. Notes on what to do below.
  + ***Check Labs (Under summary tab)***
    - Check for any abnormalities in labs or results for labs that the team noted that would be sent the day before.
  + ***Check Micro Results (Under summary tab)***
    - Use this info to see if cultures have been sent, what type of cultures, check for results, check for speciation and use this to alter antibiotic choices. (The UCH guidebook is your friend)

* + ***Liver function***
    - * Find drugs that may cause liver dysfunction and think about the side effects (LFT, T bili, etc.)
      * Trending function
  + ***Renal Function***
    - * How has their renal function changed since yesterday?
      * Are they on hemodialysis? CRRT?
      * Look into changes in dosing based upon clearance
      * Think about side effects and what you would look for tomorrow
      * Trend function
  + ***FAST HUGS BID***
    - ASHP Summary:
      * <http://test3-www.ashp.org/DocLibrary/MemberCenter/NPF/2011Pearls/Fast-HUG-ICU-Prophylaxis.aspx>
    - Feeding
      * NPO vs enteral nutrition vs regular diet
      * Have they been started? How long has it been since they have been fed?
      * Are we able to start PO medications?
      * General rule 25 kcal/kg/day in ICU
    - Analgesia
      * What pain meds are they on? For what indication? Is it appropriate?
      * Should we remove some of the medications?
      * Pain Score?
    - Sedation
      * Are they sedated? What would be the best sedation method in this patient
      * Think about ICU delirium
    - **Thromboembolic prophylaxis**
      * Heparin vs LMWH vs bleed/risk of bleed
    - Head of bed at 30-45 degrees
    - **Stress Ulcer Prophylaxis**
      * Indications:
        + Mechanical Ventilation for >48 hours (expected)
        + Coagulopathy

INR >1.5

Plt < 50 or PTT >2x patient’s baseline

* + - Glycemic control
      * Goal generally< 180 for patients in ICU
      * Are they on insulin?
        + Sliding scale vs drip
        + Can they move to a daily dose instead?
    - Bowel Regimen
      * Are they on a bowel regimen?
      * Are they on medications that would stop them up?
    - Invasive Lines
      * How many IV lines do they have?
      * How long have the lines been there?
    - De-escalation
  + ***Home Medications***
    - What are they taking at home? Can we add any of these medications back on?
    - Are there reasons that we are/should hold home meds?

**Rounding**

* ***Sitting Rounds***
  + Start at 8am, should have all patient work up done by this point.
  + Take notes and listen during sitting rounds
* ***Standing Rounds***
  + Will round with teams that you are covering
  + There are “sister teams” that help each other with patients
    - Teams 1&3 are sister teams and round together
    - Teams 2&4 are sister teams and round together
  + If going into patient rooms-- GEL IN GEL OUT
* Rounding times vary!!!!
* Give recommendations to the Resident physicians first

**After Rounds**

* ***Patient notes***
  + Each patient should be reviewed DAILY under:
    - “General Handoff”
      * Briefly explain patient, changes to regimen, and plan.
      * Go to “summary,” double click, and hit “accept” to check off as reviewed
    - “Renal Handoff”
      * Trend renal function and any changes you would like to make to regimen.
    - “Anticoagulation Handoff"
  + To be completed on any patient currently receiving warfarin or another anticoagulation medication those who were on warfarin and it is being held 2/2 abnormal INR and/or procedure
  + use “.dailywarfarin” dot phrase for documentation
* ***Vancomycin notes***
  + Decide on any changes you would like to make to regimen.
    - Talk it over with Dr. Kiser, Dr. MacLaren, Dr. Reynolds or Dr. Mueller or Pharmacy Resident if you would like to make changes
    - Make sure you have a time in which you would like to pull a trough/peak/random level
  + Flowsheet should be completed on any patients that are on vancomycin/aminoglycoside therapy daily- even if you are not changing their dose or if a note is not necessary. Do this before putting in a note! (Makes things autofill on the note to make life easier)
    - In order to put in flowsheet choose “flowsheets” on sidebar and click “Kinetics” tab.
    - Once finished with flowsheet click disk to file
    - Easiest way to identify patients on vancomycin and aminoglycosides is to utilize the worklist
  + Notes:
    - Written for starting vancomycin therapy
    - Written for any changes in vancomycin therapy (dose or frequency or both)
    - Written every 3 days if no change in therapy
    - Sign off notes when therapy is discontinued
* ***Aminoglycoside notes***
  + Usually intermittent dosing, but decide on any changes you would like to make based on peak and trough levels
* ***How to write a note:***
  + Under Patient→ Notes→ New Note
  + Under “Type” write “Consults”
  + Choose your Cosigner (make sure they know they are the cosigner)
  + Click into the note so cursor is in between text and press [F2]
  + Choose type of note
    - If starting Vancomycin choose “ Rx Vancomycin Monitoring Initial Note”
      * Flowsheet will automatically pull information into the note, use [F2] to click through note for choices.
      * May change wording of note if it doesn’t fit patient
    - If continuing Vancomycin/are changing the regimen choose “Rx Vancomycin Monitoring Following Note”
      * Flowsheet will automatically pull information into the note, use [F2] to click through note for choices
      * May change wording based on patient.
    - If discontinuing any medication (mostly used for vancomycin and aminoglycosides) choose “Rx Sign off note”
  + Same process for aminoglycosides, phenytoin.
  + If changing antibiotic dosing for something other than vancomycin and aminoglycosides:
    - Follow same process as before, but delete “ {Pharmacy/Nutrition Support Team Templates:25698}”
    - On blank template, type .renal→ choose “Renal Dose Adjustment per Pharmacy Protocol”
      * Fill in note
* ***Once finished with notes***
  + Prepare for afternoon journal club/ teaching/ lessons/ patient presentations.
  + Hand off to swing shift
    - Upcoming vanco levels
    - Follow up with questions/concerns on rounds that are specific to the afternoon shift
      * If you can do it, do it! Keep their load light

**Tips**

* Think about what you want to achieve on rotation and make those goals clear with your preceptor from the beginning
  + Small daily goals like learning one new thing a day and going in depth can make a huge impact

**Connecting to MICU printer from SOP computers**

1. Go to Start - Devices and Printers
2. Click on “add a printer”
3. Click on “Add a network, wireless, or bluetooth printer”
4. Click on “The printer that I wan’t isn’t lister”
5. Check box for “Find a printer in the directory, based on location or feature”
6. Change “in” directory to uch.ad.pvt
7. Type “AIPT2MI04” into name box and click find now
8. Chose the “AIPT2MI04” named printer in location AIPT2 10E 4053.1 model CanoniR-ADV 4025/4035 PCL5e and click okay
9. Right click on icon for printer and choose make this computer the default printer
10. Try printing - This is the printer at the front desk of the MICU